

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2023</b> calendar year, or tax year beginning and ending																													
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization BAY AREA LEGAL AID</td> <td><b>D</b> Employer identification number 94-1631316</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number 510-663-4755</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">1735 TELEGRAPH AVENUE</td> <td rowspan="2"><b>G</b> Gross receipts \$ 37,857,317.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: GENEVIEVE RICHARDSON SAME AS C ABOVE</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: WWW.BAYLEGAL.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 2000</td> <td><b>M</b> State of legal domicile: CA</td> </tr> </table>	<b>C</b> Name of organization BAY AREA LEGAL AID		<b>D</b> Employer identification number 94-1631316	Doing business as		<b>E</b> Telephone number 510-663-4755	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1735 TELEGRAPH AVENUE		<b>G</b> Gross receipts \$ 37,857,317.	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612		<b>F</b> Name and address of principal officer: GENEVIEVE RICHARDSON SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>J</b> Website: WWW.BAYLEGAL.ORG		If "No," attach a list. See instructions	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: 2000		<b>M</b> State of legal domicile: CA
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<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: BAY AREA LEGAL AID (BAYLEGAL) PROVIDES FREE CIVIL LEGAL SERVICES TO LOW-INCOME BAY AREA RESIDENTS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	33
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	33
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	201
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	357
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	61,792.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	60,792.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	23,554,828.	28,392,283.
	<b>9</b> Program service revenue (Part VIII, line 2g)	231,030.	132,305.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,627.	123,157.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,168,376.	597,410.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,986,861.	29,245,155.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,838,506.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,296,611.	19,908,062.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		836,621.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,041,833.	4,506,206.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,176,950.	27,825,325.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	809,911.	1,419,830.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	19,681,898.	23,944,621.
	<b>21</b> Total liabilities (Part X, line 26)	8,537,594.	10,537,569.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,144,304.	13,407,052.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer GENEVIEVE RICHARDSON, EXECUTIVE DIRECTOR	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SHELBY NETZ, CPA	Preparer's signature SHELBY NETZ, CPA	Date 11/15/24
	Firm's name BAKER TILLY ADVISORY GROUP, LP	Firm's EIN 39-0859910	Check if self-employed <input type="checkbox"/> PTIN P01405265
	Firm's address 790 N. WATER ST., SUITE 200 MILWAUKEE, WI 53202	Phone no. 414.777.5500	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: BAYLEGAL PROVIDES FREE CIVIL LEGAL SERVICES TO LOW-INCOME RESIDENTS OF SAN FRANCISCO BAY AREA TO ADDRESS LEGAL BARRIERS TO HOUSING, HEALTHCARE, PERSONAL SAFETY, FINANCIAL INDEPENDENCE AND STABILITY SO TO ESCAPE POVERTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 9,473,536. including grants of \$ 152,585. ) (Revenue \$ 26,400. ) HEALTH CARE ACCESS, ECONOMIC SECURITY, AND CONSUMER RIGHTS: IN 2023, BAYLEGAL PROVIDED SERVICES TO 6,812 LOW-INCOME SAN FRANCISCO BAY AREA INDIVIDUALS, INCLUDING SENIORS, FAMILIES WITH CHILDREN, AND PEOPLE WITH DISABILITIES IN NEED OF LEGAL ASSISTANCE TO ACCESS ESSENTIAL HEALTH CARE AND PUBLIC SAFETY NET PROGRAMS SUCH AS MEDICARE, MEDI-CAL, SUPPLEMENTAL SECURITY INCOME (SSI), AND CALFRESH. BAYLEGAL ALSO HELPED TO REMOVE FINANCIAL IMPEDIMENTS TO HOUSING, INCOME, HEALTHCARE, AND ECONOMIC SELF-SUFFICIENCY FOR LOW-INCOME CONSUMERS. THROUGH THIS WORK, BAYLEGAL SECURED OVER \$18.4 MILLION IN QUANTIFIABLE BENEFITS TO HELP LOW-INCOME BAY AREA RESIDENTS MEET THEIR BASIC NEEDS AND IMPROVE THEIR SELF-SUFFICIENCY.

4b (Code: ) (Expenses \$ 7,945,308. including grants of \$ 3,223,472. ) (Revenue \$ 102,705. ) HOUSING AND HOMELESSNESS PREVENTION: IN 2023, BAYLEGAL HELPED 9,852 LOW-INCOME SAN FRANCISCO BAY AREA INDIVIDUALS INCLUDING SENIORS, FAMILIES WITH CHILDREN, AND PEOPLE WITH DISABILITIES AVOID HOMELESSNESS AND PRESERVE HOUSING. BAYLEGAL'S ADVOCACY TO ENFORCE HOUSING LAWS AND REGULATIONS ALSO HELPED TO EXPAND AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS THROUGHOUT THE BAY AREA. BAYLEGAL COUNSELED AND REPRESENTED CLIENTS WHO FACED ILLEGAL EVICTIONS, INCLUDING EVICTION AFTER FORECLOSURE, DISCRIMINATION, SUBSTANDARD HOUSING, AND OTHER HOUSING RIGHTS VIOLATIONS. THROUGH THIS WORK, BAYLEGAL SECURED OVER \$9.1 MILLION IN QUANTIFIABLE BENEFITS TO HELP LOW-INCOME BAY AREA RESIDENTS SECURE THEIR BASIC NEED FOR SAFE, AFFORDABLE, AND HABITABLE HOUSING.

4c (Code: ) (Expenses \$ 3,338,552. including grants of \$ 35,000. ) (Revenue \$ 3,200. ) DOMESTIC VIOLENCE PREVENTION: IN 2023, BAYLEGAL PROVIDED INTEGRATED AND HOLISTIC LEGAL SERVICES TO HELP 5,158 LOW-INCOME SAN FRANCISCO BAY AREA SURVIVORS OF INTER-PERSONAL VIOLENCE AND THEIR CHILDREN ESCAPE ABUSE AND BUILD NEW INDEPENDENT AND SAFE FUTURES. BAYLEGAL PROVIDED LEGAL ASSISTANCE WITH OBTAINING RESTRAINING ORDERS, CHILD CUSTODY, DIVORCES, CHILD AND SPOUSAL SUPPORT, AND OTHER FAMILY LAW PROTECTIONS AND SUPPORTS. BAYLEGAL ALSO ASSISTED IMMIGRANT SURVIVORS OF PHYSICAL AND MENTAL ABUSE, AS WELL THEIR CHILDREN, IN FILING FOR IMMIGRATION RELIEF UNDER THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE VICTIMS OF TRAFFICKING AND VIOLENCE PROTECTION ACT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,772,736. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 24,530,132.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers for questions 1, 2, 11a, 11e, 11f, 12a, 14a, 14b, 15, 16, 17, 18, 19, 20a, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
GENEVIEVE RICHARDSON - 510-663-4755
1735 TELEGRAPH AVENUE, OAKLAND, CA 94612

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GENEVIEVE RICHARDSON EXECUTIVE DIRECTOR	37.50			X			209,547.	0.	30,509.	
(2) HAYDEE ALFONSO GENERAL COUNSEL	37.50				X		205,335.	0.	18,504.	
(3) BURT THOMPSON CHIEF FINANCIAL OFFICER	37.50			X			190,864.	0.	15,849.	
(4) ARIELLA HYMAN DIRECTOR OF PROGRAM & ADVOCACY	37.50				X		194,345.	0.	7,679.	
(5) JESSICA AVALOS DIRECTOR OF HUMAN RESOURCES	37.50				X		193,811.	0.	4,875.	
(6) CHRISTINA LEE DIRECTOR OF GRANTS & CONTRACTS	37.50				X		189,905.	0.	7,339.	
(7) ANDREA DEL-PAN PRO BONO DIRECTOR	37.50					X	142,620.	0.	15,954.	
(8) STEVEN WEISS REGIONAL MANAGING ATTORNEY	37.50					X	141,126.	0.	15,894.	
(9) LINNEA FORSYTHE ALAMEDA MANAGING ATTORNEY	37.50					X	136,897.	0.	10,258.	
(10) NOAH ZINNER CONSUMER MANAGING ATTORNEY	37.50					X	144,664.	0.	0.	
(11) EMILIO SIEJO-RIVERA REGIONAL MANAGING ATTORNEY	37.50					X	134,048.	0.	10,258.	
(12) ROBERT A. GOODIN CHAIR	2.00	X					0.	0.	0.	
(13) JOHN DWYER VICE CHAIR	2.00	X					0.	0.	0.	
(14) ARLENE HIPP SECRETARY	2.00	X					0.	0.	0.	
(15) ALLAN STEYER BOARD MEMBER	2.00	X					0.	0.	0.	
(16) ANDREW M. COHEN BOARD MEMBER	2.00	X					0.	0.	0.	
(17) ANNA T. PLETCHER BOARD MEMBER	2.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ASHOK RAMANI BOARD MEMBER	2.00	X						0.	0.	0.
(19) BIVETT BRACKETT BOARD MEMBER	2.00	X						0.	0.	0.
(20) CHRISTOPHER B. HOCKETT BOARD MEMBER	2.00	X						0.	0.	0.
(21) DAVID MCCLAIN BOARD MEMBER	2.00	X						0.	0.	0.
(22) DAVID STEUER BOARD MEMBER	2.00	X						0.	0.	0.
(23) D' LONRA ELLIS BOARD MEMBER	2.00	X						0.	0.	0.
(24) ELAINE ALLEN BOARD MEMBER	2.00	X						0.	0.	0.
(25) ENNOAJA FRAZIER BOARD MEMBER	2.00	X						0.	0.	0.
(26) FRED M. FELLER BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,883,162.	0.	137,119.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,883,162.	0.	137,119.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 80

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GLADYS DEAN BOARD MEMBER	2.00	X						0.	0.	0.
(28) GREG EDMONDS BOARD MEMBER	2.00	X						0.	0.	0.
(29) HAZEL GOFF BOARD MEMBER	2.00	X						0.	0.	0.
(30) JOHN DUCKWORTH BOARD MEMBER	2.00	X						0.	0.	0.
(31) JOSEPH J. TABACCO, JR. BOARD MEMBER	2.00	X						0.	0.	0.
(32) KARLA FLORES BOARD MEMBER	2.00	X						0.	0.	0.
(33) KATHERYN J. FRITZ BOARD MEMBER	2.00	X						0.	0.	0.
(34) KIRT SWITZER BOARD MEMBER	2.00	X						0.	0.	0.
(35) MOLLY MORIARITY LANE BOARD MEMBER	2.00	X						0.	0.	0.
(36) NATHAN SABRI BOARD MEMBER	2.00	X						0.	0.	0.
(37) RENE MAGDANGAL BOARD MEMBER	2.00	X						0.	0.	0.
(38) RICK SIMONS BOARD MEMBER	2.00	X						0.	0.	0.
(39) ROBERT A. VAN NEST BOARD MEMBER	2.00	X						0.	0.	0.
(40) ROBERT ARNS BOARD MEMBER	2.00	X						0.	0.	0.
(41) SHAHRAD MILANFAR BOARD MEMBER	2.00	X						0.	0.	0.
(42) TAHLEMA MARTIN BOARD MEMBER	2.00	X						0.	0.	0.
(43) WILLIAM ALDERMAN BOARD MEMBER	2.00	X						0.	0.	0.
(44) WILLIAM RUIZ BOARD MEMBER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	27,206,901.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,185,382.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,106.				
	<b>h Total.</b> Add lines 1a-1f			28,392,283.			
Program Service Revenue	<b>2 a</b> ATTORNEY'S FEES	<b>Business Code</b>					
		541100	132,305.	132,305.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			132,305.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		123,157.			123,157.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	114,364.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>	52,572.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	61,792.				
	<b>d</b> Net rental income or (loss)			61,792.	61,792.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	8,559,590.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	8,559,590.				
	<b>c</b> Gain or (loss)	<b>7c</b>	0.				
<b>d</b> Net gain or (loss)			0.				
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> CY PRES AWARDS	<b>Business Code</b>					
		541100	445,654.			445,654.	
	<b>b</b> OTHER REVENUE		541100	89,964.		89,964.	
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			535,618.				
<b>12 Total revenue.</b> See instructions			29,245,155.	132,305.	61,792.	658,775.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,411,057.	3,411,057.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,183,807.	1,023,401.	119,683.	40,723.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	14,948,355.	12,922,853.	1,511,279.	514,223.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	534,608.	462,168.	54,049.	18,391.
<b>9</b> Other employee benefits .....	1,952,689.	1,688,099.	197,417.	67,173.
<b>10</b> Payroll taxes .....	1,288,603.	1,113,997.	130,278.	44,328.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	53,600.	46,337.	5,419.	1,844.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	689,124.	595,748.	69,670.	23,706.
<b>12</b> Advertising and promotion .....	2,095.	2,023.		72.
<b>13</b> Office expenses .....	641,762.	554,803.	64,882.	22,077.
<b>14</b> Information technology .....	169,355.	146,407.	17,122.	5,826.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,728,426.	1,494,224.	174,744.	59,458.
<b>17</b> Travel .....	40,495.	35,008.	4,094.	1,393.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	540,264.	467,058.	54,621.	18,585.
<b>23</b> Insurance .....	146,458.	126,613.	14,807.	5,038.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> UNRELATED BUSINESS INCO	5,131.	5,131.		
<b>b</b> EQUIPMENT RENTAL & MAIN	124,739.	107,837.	12,611.	4,291.
<b>c</b> DUES AND FEES	114,203.	98,728.	11,546.	3,929.
<b>d</b> LIBRARY	93,957.	93,957.		
<b>e</b> All other expenses _____	156,597.	134,683.	16,350.	5,564.
<b>25</b> Total functional expenses. Add lines 1 through 24e	27,825,325.	24,530,132.	2,458,572.	836,621.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,729,245.	<b>1</b>	1,232,171.
	<b>2</b> Savings and temporary cash investments .....	4,255,682.	<b>2</b>	4,491,918.
	<b>3</b> Pledges and grants receivable, net .....	3,536,096.	<b>3</b>	6,348,060.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	59,082.	<b>9</b>	131,014.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,664,853.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,877,320.	5,250,026.	<b>10c</b> 4,787,533.
	<b>11</b> Investments - publicly traded securities .....	2,000,675.	<b>11</b>	2,178,927.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,851,092.	<b>15</b>	4,774,998.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	19,681,898.	<b>16</b>	23,944,621.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,188,697.	<b>17</b>	2,629,386.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	627,828.	<b>19</b>	40,230.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,972,916.	<b>23</b>	2,682,041.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,748,153.	<b>25</b>	5,185,912.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,537,594.	<b>26</b>	10,537,569.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,024,478.	<b>27</b>	11,851,912.
	<b>28</b> Net assets with donor restrictions .....	119,826.	<b>28</b>	1,555,140.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,144,304.	<b>32</b>	13,407,052.
<b>33</b> Total liabilities and net assets/fund balances .....	19,681,898.	<b>33</b>	23,944,621.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	29,245,155.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	27,825,325.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,419,830.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,144,304.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	191,924.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	650,994.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,407,052.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**Attach to Form 990 or Form 990-EZ.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <p style="text-align: center;">BAY AREA LEGAL AID</p>	Employer identification number <p style="text-align: center;">94-1631316</p>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19,438,871.	20,647,628.	20,867,028.	23,554,828.	28,392,283.	112,900,638.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19,438,871.	20,647,628.	20,867,028.	23,554,828.	28,392,283.	112,900,638.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						112,900,638.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	19,438,871.	20,647,628.	20,867,028.	23,554,828.	28,392,283.	112,900,638.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	695.	333.	4,795.	6,229.	123,157.	135,209.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	85,670.	49,822.	66,430.	47,418.	61,792.	311,132.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	74,278.	545,710.	961,585.	3,120,958.	535,618.	5,238,149.
<b>11 Total support.</b> Add lines 7 through 10						118,585,128.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,027,503.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.21	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	95.08	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CY PRES AWARDS

2019 AMOUNT: \$ 40,059.

2020 AMOUNT: \$ 537,306.

2021 AMOUNT: \$ 951,180.

2022 AMOUNT: \$ 538,296.

2023 AMOUNT: \$ 445,654.

OTHER REVENUE

2019 AMOUNT: \$ 34,219.

2020 AMOUNT: \$ 8,404.

2021 AMOUNT: \$ 10,405.

2022 AMOUNT: \$ 100,801.

2023 AMOUNT: \$ 89,964.

PPP LOAN FORGIVENESS REVENUE

2022 AMOUNT: \$ 2,481,861.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

BAY AREA LEGAL AID

Employer identification number

94-1631316

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  BAY AREA LEGAL AID	Employer identification number  94-1631316
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,768,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,534,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,948,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,731,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,519,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,423,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  BAY AREA LEGAL AID	Employer identification number  94-1631316
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,106,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 826,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 654,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  BAY AREA LEGAL AID	Employer identification number  94-1631316
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  BAY AREA LEGAL AID	Employer identification number  94-1631316
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization BAY AREA LEGAL AID Employer identification number 94-1631316

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,249,500.		1,249,500.
b Buildings		6,739,668.	3,812,263.	2,927,405.
c Leasehold improvements		1,041,369.	734,540.	306,829.
d Equipment		1,193,136.	1,067,602.	125,534.
e Other		441,180.	262,915.	178,265.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,787,533.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET - OPERATING LEASES	4,672,059.
(2) OTHER ASSETS	102,939.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,774,998.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	5,185,912.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,185,912.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	36,415,473.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	191,924.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	6,925,822.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	7,117,746.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	29,297,727.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-52,572.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-52,572.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	29,245,155.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	34,803,719.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	6,925,822.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	52,572.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	6,978,394.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	27,825,325.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	27,825,325.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BAYLEGAL IS EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE SECTION

501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL OF THE POSITIONS TAKEN BY BAYLEGAL IN ITS FEDERAL AND

STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE

SUSTAINED UPON EXAMINATION. BAYLEGAL'S RETURNS ARE SUBJECT TO EXAMINATION

BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE AND FOUR

YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -52,572.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 52,572.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **BAY AREA LEGAL AID** Employer identification number **94-1631316**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY OVERCOMING RELATIONSHIP ABUSE - 2211 PALM AVENUE - SAN MATEO, CA 94403	94-2481188	501(C)(3)	14,500.	0.			DOMESTIC VIOLENCE PREVENTION
COMMUNITY SOLUTIONS 117 WINSTON STREET, SUITE 206 LOS ANGELES, CA 90013	23-7351215	501(C)(3)	9,000.	0.			DOMESTIC VIOLENCE PREVENTION
THE JUSTICE & DIVERSITY CENTER (HAP) - 301 BATTERY STREET, SUITE 300 - SAN FRANCISCO, CA 94111	94-3049980	501(C)(3)	1,317,303.	0.			HOUSING/HOMELESS PREVENTION AND HEALTHCARE & ECONOMIC SECURITY
LEGAL AID OF SAN MATEO 338 TWIN DOLPHIN DRIVE, SUITE 123 REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	40,662.	0.			HEALTHCARE AND ECONOMIC SECURITY
LEGAL AID OF SAN DIEGO, INC. 110 SOUTH EUCLID AVENUE SAN DIEGO, CA 92114	95-1869806	501(C)(3)	12,751.	0.			HEALTHCARE AND ECONOMIC SECURITY
LEGAL ASSISTANCE TO THE ELDERLY 701 SUTTER STREET, 2ND FLOOR SAN FRANCISCO, CA 94109	94-2391538	501(C)(3)	1,914,015.	0.			HOUSING/HOMELESS PREVENTION AND HEALTHCARE & ECONOMIC SECURITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 10.
- 3 Enter total number of other organizations listed in the line 1 table ..... 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL HEALTH LAW PROGRAM 3701 WILSHIRE BLVD., SUITE 750 LOS ANGELES, CA 90010	95-3080947	501(C)(3)	21,840.	0.			HEALTHCARE AND ECONOMIC SECURITY
SAFE ALTERNATIVES TO VIOLENT ENVIRONMENT - 1900 MOWRY AVENUE, SUITE 201, - FREMONT, CA 94538	94-2520559	501(C)(3)	11,500.	0.			DOMESTIC VIOLENCE PREVENTION
LAW FOUNDATION OF SILICON VALLEY PO BOX 5040 SAN JOSE, CA 95150-5040	52-1014754	501(C)(3)	48,411.	0.			HOUSING/HOMELESS PREVENTION AND HEALTHCARE & ECONOMIC SECURITY
WESTERN CENTER ON LAW & POVERTY 3701 WILSHIRE BLVD., SUITE 750 LOS ANGELES, CA 90010	95-2897721	501(C)(3)	21,075.	0.			HEALTHCARE AND ECONOMIC SECURITY

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

BAYLEGAL MONITORS THE USE OF GRANT FUNDS BY REQUIRING GRANTEEES TO REPORT

MONTHLY EXPENDITURES AND SERVICES PROVIDED DURING THE GRANT TERM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

BAY AREA LEGAL AID

Employer identification number

94-1631316

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GENEVIEVE RICHARDSON EXECUTIVE DIRECTOR	(i)	209,205.	0.	342.	8,800.	21,709.	240,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HAYDEE ALFONSO GENERAL COUNSEL	(i)	205,031.	0.	304.	8,246.	10,258.	223,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BURT THOMPSON CHIEF FINANCIAL OFFICER	(i)	190,512.	0.	352.	5,591.	10,258.	206,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ARIELLA HYMAN DIRECTOR OF PROGRAM & ADVOCACY	(i)	194,061.	0.	284.	7,679.	0.	202,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA AVALOS DIRECTOR OF HUMAN RESOURCES	(i)	193,459.	0.	352.	3,257.	1,618.	198,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINA LEE DIRECTOR OF GRANTS & CONTRACTS	(i)	189,659.	0.	246.	7,339.	0.	197,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREA DEL-PAN PRO BONO DIRECTOR	(i)	142,404.	0.	216.	5,696.	10,258.	158,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEVEN WEISS REGIONAL MANAGING ATTORNEY	(i)	140,913.	0.	213.	5,636.	10,258.	157,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

BAY AREA LEGAL AID

Employer identification number

94-1631316

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BAYLEGAL'S MISSION IS TO PROVIDE MEANINGFUL ACCESS TO THE CIVIL JUSTICE  
SYSTEM THROUGH HIGH QUALITY ASSISTANCE REGARDLESS OF LOCATION, LANGUAGE  
OR DISABILITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BAYLEGAL ALSO PROVIDES TARGETED SERVICES FOR VULNERABLE POPULATIONS  
INCLUDING FOSTER AND TRANSITION AGE YOUTH, COMMERCIALY SEXUALLY  
EXPLOITED CHILDREN, YOUTH WITH DISABILITIES, MENTAL HEALTH ISSUES,  
AND/OR INVOLVEMENT IN THE DEPENDENCY OR DELINQUENCY SYSTEMS, AS WELL AS  
VETERANS AND PEOPLE WHO WERE FORMERLY INCARCERATED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH THIS WORK, BAYLEGAL SECURED OVER \$13.7 MILLION IN QUANTIFIABLE  
BENEFITS IN DOMESTIC VIOLENCE, FAMILY LAW, AND IMMIGRATION MATTERS, TO  
HELP VIOLENCE SURVIVORS ACHIEVE LASTING SAFETY AND IMPROVE THEIR  
SELF-SUFFICIENCY.

FORM 990, PART III, LINE 4:

BAYLEGAL SERVICES IMPACT CLIENTS IN SIGNIFICANT WAYS, INCLUDING  
PREVENTING HOMELESSNESS, ESTABLISHING SAFETY AND PROTECTION FROM  
DOMESTIC VIOLENCE AND SEXUAL ABUSE, SECURING VITAL HEALTHCARE SERVICES  
TO TREAT PHYSICAL AND MENTAL HEALTH CONDITIONS, AND SECURING INCOME  
AND/OR ADDRESSING PREDATORY FEES, FINES, AND DEBT COLLECTION PRACTICES  
TO HELP INDIVIDUALS AND FAMILIES LIVING IN POVERTY PROVIDE FOOD, RENT,

AND OTHER LIFE NECESSITIES. OFTEN, BAYLEGAL RESOLVES MULTIPLE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization BAY AREA LEGAL AID	Employer identification number 94-1631316
--	--

INTERCONNECTED LEGAL ISSUES FOR FAMILIES TO IMPROVE THEIR OVERALL  
 SELF-SUFFICIENCY AND QUALITY OF LIFE. IN ADDITION TO BAYLEGAL'S PRIMARY  
 WORK PROVIDING DIRECT INDIVIDUAL LEGAL SERVICES TO LOW-INCOME CLIENTS,  
 BAYLEGAL TRIAGES LIMITED RESOURCES FOR GREATER COMMUNITY IMPACT THROUGH  
 EXTENSIVE OUTREACH AND COMMUNITY EDUCATION, LEGAL CLINICS AND  
 WORKSHOPS, TECHNICAL ASSISTANCE TO OTHER COMMUNITY AND GOVERNMENTAL  
 AGENCIES, AND SYSTEMIC ADVOCACY AND IMPACT LITIGATION.

THE FOLLOWING CLIENT STORY PROVIDES A BRIEF EXAMPLE OF HOW BAYLEGAL'S  
 SERVICES CHANGE LIVES:

BAYLEGAL'S CLIENT, A LOW-INCOME SINGLE MOTHER FACED A MASSIVE AND  
 RAPIDLY GROWING DEBT FROM UNPAID BRIDGE TOLLS WITH ACCRUING LATE FEES  
 AND A HOLD ON HER DMV REGISTRATION. HER TOTAL DEBT TO FASTRAK (SAN  
 FRANCISCO BAY AREA BRIDGE AND TOLL ADMINISTRATOR) HAD GROWN TO MORE  
 THAN \$43,000 FROM AN ORIGINAL BALANCE OF APPROXIMATELY \$3,000, LEAVING  
 HER STRUGGLING TO PAY CONTINUALLY INCREASING DEBT AND AT RISK OF LOSING  
 ACCESS TO THE CAR SHE NEEDED FOR WORK, TAKING HER CHILDREN TO SCHOOL,  
 AND HER OWN CONTINUING EDUCATION.

BAYLEGAL IDENTIFIED EXTENSIVE PROBLEMS WITH THE FASTRAK  
 TRANSPONDER-BASED FEE SYSTEM INACCURACIES, INCLUDING ASSESSING FEES FOR  
 CARS THAT WERE NOWHERE NEAR THE TOLL GATE, BILLING DRIVERS FOR NEW  
 TOLLS ON CARS THEY HAD NOT OWNED FOR YEARS, AND TOLL VIOLATION NOTICES  
 SENT TO WRONG ADDRESSES. FURTHER, THE FASTRAK LATE FEE AND PENALTY  
 SYSTEM RESULTED IN EXORBITANT, OFTEN WITHOUT NOTICE, SUMS ON TOP OF  
 ORIGINAL TOLL CHARGES. FOR EXAMPLE, ONE EXPRESS LANE FEE HAD ACCRUED AN  
 ANNUAL INTEREST RATE OF 14,700%.

Name of the organization BAY AREA LEGAL AID	Employer identification number 94-1631316
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THE CLIENT FIRST MET HER BAYLEGAL ATTORNEY AT A FINES AND FEES LEGAL CLINIC. BAYLEGAL ASSISTED HER IN CONTESTING THE FEES AND FINES AND HELPED TO BRING MEDIA ATTENTION TO THE WIDE-SPREAD ISSUES AND DISPARATE IMPACT ON LOW-INCOME RESIDENTS. BAYLEGAL WAS ABLE TO GET THE DEBT REDUCED BY OVER \$40,000, A RELEASE OF THE DMV HOLDS AND A PAYMENT PLAN FOR THE REMAINING BALANCE.

BAYLEGAL BALANCES DIRECT INDIVIDUAL SERVICES WITH SYSTEMIC WORK TO ADDRESS ROOT CAUSES OF ISSUES HARMING LOW-INCOME RESIDENTS AND EXTEND OUR IMPACT AT A SCALE FAR BEYOND THE TENS OF THOUSANDS OF INDIVIDUAL CLIENTS AND FAMILY MEMBERS WE DIRECTLY SERVE EACH YEAR. BY WORKING DIRECTLY WITH CLIENTS AND LOW-INCOME COMMUNITIES, BAYLEGAL DEVELOPS EXPERT KNOWLEDGE OF THE PROBLEMS AND LEGAL BARRIERS THAT HARM PEOPLE LIVING IN POVERTY AND IMPEDE THEIR STRUGGLE FOR SELF-SUFFICIENCY. SYSTEMIC WORK, INFORMED BY OUR INDIVIDUAL WORK WITH CLIENTS, INCLUDES IMPACT LITIGATION, LEGISLATIVE AND ADMINISTRATIVE ADVOCACY AND TRAINING, TECHNICAL ASSISTANCE AND POLICY DEVELOPMENT FOR AGENCIES THAT ADMINISTER HOUSING, HEALTHCARE, AND PUBLIC BENEFITS PROGRAMS FOR THE BAY AREA'S LOW-INCOME RESIDENTS.

THE FOLLOWING DESCRIPTION PROVIDES AN EXAMPLE OF THE WIDESPREAD IMPACT OF BAYLEGAL'S SYSTEMIC ADVOCACY:

IN 2023, BAYLEGAL SUCCESSFULLY SETTLED A SUIT AGAINST ACHIEVABLE SOLUTIONS, INC. AND ITS AGENTS THAT WE FILED IN 2022 UNDER THE CA UNFAIR COMPETITION LAW FOR ITS UNLAWFUL, FRAUDULENT, AND UNFAIR DEBT COLLECTION PRACTICES, EXPOSING A LITANY OF DEBT COLLECTION ABUSES



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AGAINST THOUSANDS OF CALIFORNIA CONSUMERS. BAYLEGAL IDENTIFIED THE UNLAWFUL PRACTICE AFTER WORKING WITH INDIVIDUALS IN OUR CONSUMER RIGHTS LEGAL CLINICS WHO HAD WAGE GARNISHMENTS AND LIENS ENTERED AGAINST THEIR HOME DUE TO JUDGEMENTS THEY DID NOT KNOW EXISTED. ASI AND ITS CO-DEFENDANT SUEYA HAD BEEN FALSIFYING PROOFS OF SERVICE AND OBTAINING DEFAULT JUDGMENTS. BAYLEGAL REVIEWED COURT DOCKETS IN MULTIPLE COUNTIES IDENTIFYING A WIDESPREAD PRACTICE ACROSS THE STATE. BAYLEGAL FILED THE ACTION AS BOTH CO-COUNSEL BRINGING THE ACTION AND AS THE PLAINTIFF BECAUSE THE DEFENDANTS' ACTIONS HAD CAUSED BOTH HARM TO OUR CLIENTS AND TO BAYLEGAL FORCING US TO DIVERT CRITICAL LIMITED RESOURCES TO PROTECT CLIENTS AGAINST THEIR ILLEGAL BEHAVIOR. THE ALAMEDA COUNTY SUPERIOR COURT ENTERED A CALIFORNIA-WIDE INJUNCTION AGAINST ASI ET. AL., PROHIBITING THE ENFORCEMENT, TRANSFER, OR COLLECTION OF THOUSANDS OF DISPUTED COLLECTION ACCOUNTS AND JUDGMENTS.

BAY AREA LEGAL AID V. ACHIEVABLE SOLUTIONS, INC. (SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA, CASE NO. 22-CV-008464)

WHETHER PREVENTING ILLEGAL EVICTIONS AND DISPLACEMENT, ADDRESSING LEGAL BARRIERS TO PUBLIC SAFETY NET BENEFITS AND HEALTHCARE, HELPING SURVIVORS ESCAPE ABUSE AND ESTABLISH SAFETY AND SELF-SUFFICIENCY, OR CHALLENGING DISPARATE FEES AND FINES AND PREDATORY CONSUMER PRACTICES, BAYLEGAL'S SERVICES WORK TO INTERRUPT THE LEGAL INEQUITIES THAT CAN UNDERLIE AND REINFORCE LONG-TERM INTERGENERATIONAL CYCLES OF POVERTY. RECENT STUDIES HAVE CONFIRMED THAT INVESTING IN LEGAL SERVICES IS A COST-EFFECTIVE MEANS OF SOLVING ISSUES FACED BY PEOPLE WHO ARE LOW-INCOME. BAYLEGAL'S DATA CONFIRMS THAT EVERY DOLLAR INVESTED IN OUR ANNUAL BUDGET HAS PRODUCED AN AVERAGE OF \$2 IN ECONOMIC BENEFITS TO

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LOW-INCOME FAMILIES OVER THE PAST FIVE YEARS. WHILE BAYLEGAL CONTINUES TO STRATEGICALLY DEVELOP ITS PROGRAMS TO ENSURE THEY ARE RESPONSIVE TO THE ONGOING AND EMERGING NEEDS OF THE DIVERSE POPULATIONS IT SERVES, THE RECEIPT OF FLEXIBLE FUNDING IS INCREASINGLY IMPORTANT FOR THE PROVISION OF HIGH-QUALITY SERVICES TO LOW-INCOME PEOPLE AND COMMUNITIES, ENSURING FAIRNESS FOR ALL IN THE JUSTICE SYSTEM.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD AUDIT COMMITTEE (FORMERLY COMBINED WITH FINANCE) HAS RECEIVED THE DRAFT 990 AND HAD THE OPPORTUNITY TO COMMENT, ASK QUESTIONS, APPROVE BEFORE FILED. A COPY IS PROVIDED TO THE FULL BOARD IN THE PROCEEDING MEETING PACKET.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. BOARD MEMBERS AND KEY STAFF HAVE A DUTY TO DISCLOSE CONFLICTS OF INTEREST OR THE APPEARANCE OF SUCH CONFLICTS TO THE EXECUTIVE DIRECTOR OR THE CHAIR OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECOMMENDS THE LEVEL OF SALARY AND OTHER COMPENSATION OF THE EXECUTIVE DIRECTOR TO THE BOARD OF DIRECTORS BASED ON PERFORMANCE AND COMPARATIVE DATA FOR OTHER LEGAL AID ORGANIZATIONS. THE EXECUTIVE DIRECTOR HAS THE AUTHORITY TO ESTABLISH COMPENSATION OF THE KEY MANAGEMENT STAFF AND RELIES ON INFORMATION FROM OTHER LEGAL SERVICES ORGANIZATIONS AND SALARY SURVEYS.

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FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE DOCUMENTS ARE PROVIDED UPON REQUEST; SOME ARE ALSO PUBLISHED

IN THE ANNUAL REPORT AND ON BAYLEGAL'S WEBSITE.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.  BAY AREA LEGAL AID	Taxpayer identification number (TIN)  94-1631316
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1735 TELEGRAPH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94612	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of GENEVIEVE RICHARDSON  
1735 TELEGRAPH AVENUE - OAKLAND, CA 94612

Telephone No. 510-663-4755 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**